

Name
in
Full

Earnest Franklin Army-

CERTIFICATE OF DEATH

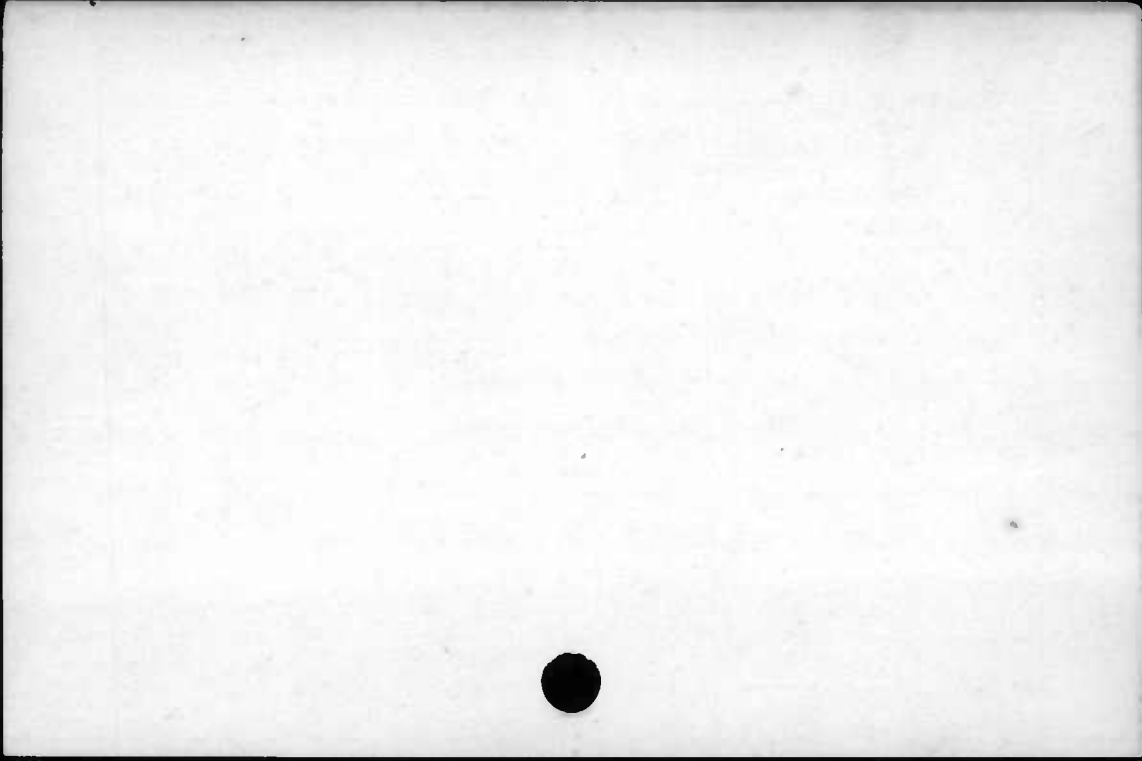
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>11</i>	Years <i>6</i>	Months <i>6</i>	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Cambridge</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Earnest Army</i>			Father's Birthplace <i>Cambridge</i>		
Mother's Maiden Name <i>Orrin</i>			Mother's Birthplace <i>Cambridge</i>		
Name of person giving information <i>Army</i>			How related to deceased <i>Mother</i>		

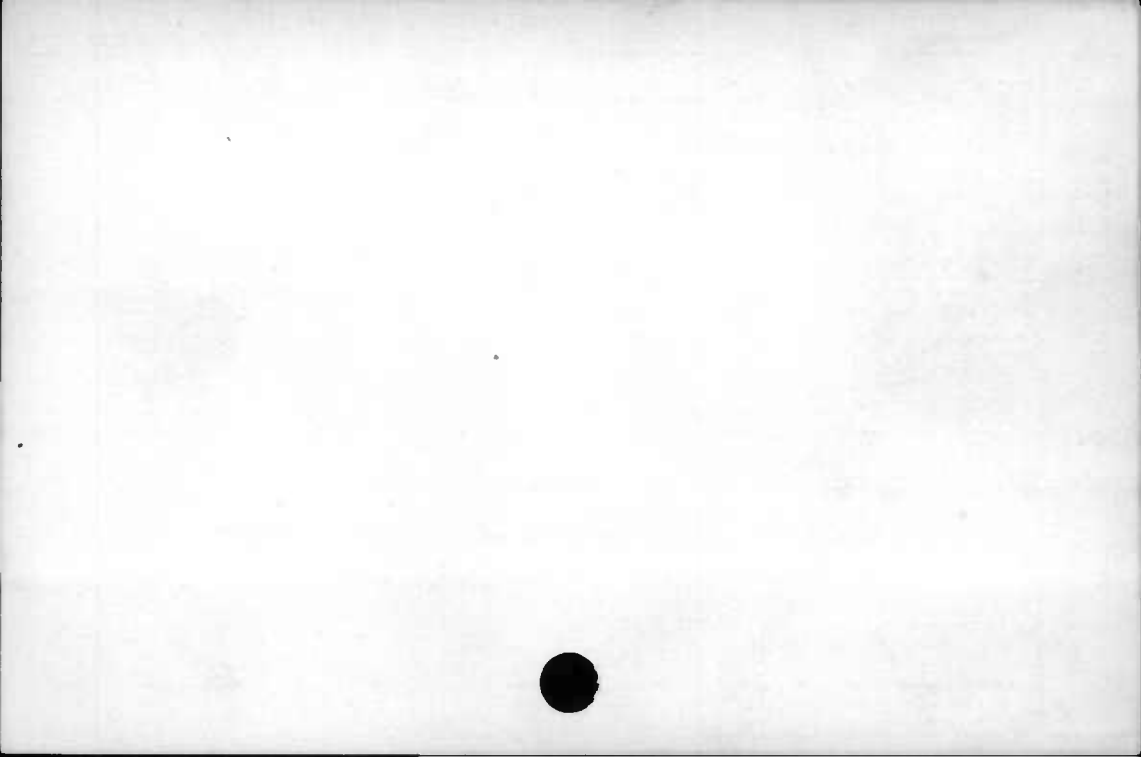
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>3 weeks</i>
Immediate <i>Meningitis cerebro spinal</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Martin W. Goldsborough</i>
	Address <i>Cambridge</i>
Accident or Suicide?	



Name In Full		Eliza Brannock				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Taylor's Island		Dorchester					
		Date of death	190	Month	June	Day	9	Age	48
		Sex		Female		Color or Race	White	Birth-place	Md
		Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Jm Brannock			
Father's Name		John H. Maguire				Father's Birthplace	Md		
Mother's Maiden Name		Susan Wilson				Mother's Birthplace	Md		
Name of person giving information		Jm Brannock				How related to deceased	Husband		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long	1 1/2 yrs		
		Immediate		Cardiac Failure		How long	1 yr		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
		Address		Joa. B. Shriver Jr.		Taylor's Island			
		Accident or Suicide?				Md.			



Name
in
Full

Mary E. Carr

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Cambridge^{County} DorchesterDate
of death 1906Month
6Day
23

Age

Years 38

Months

Days

Sex
Occupation

Female

Lunk

Color or
Race

Blk.

Birth-
place

Md.

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
HusbandFather's
Name

Not Known

Father's
Birthplace

—

Mother's
Maiden Name

Not Known

Mother's
Birthplace

—

Name of person giving
In formation

Willoughby Sharp

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Nephritis & Gangrene

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

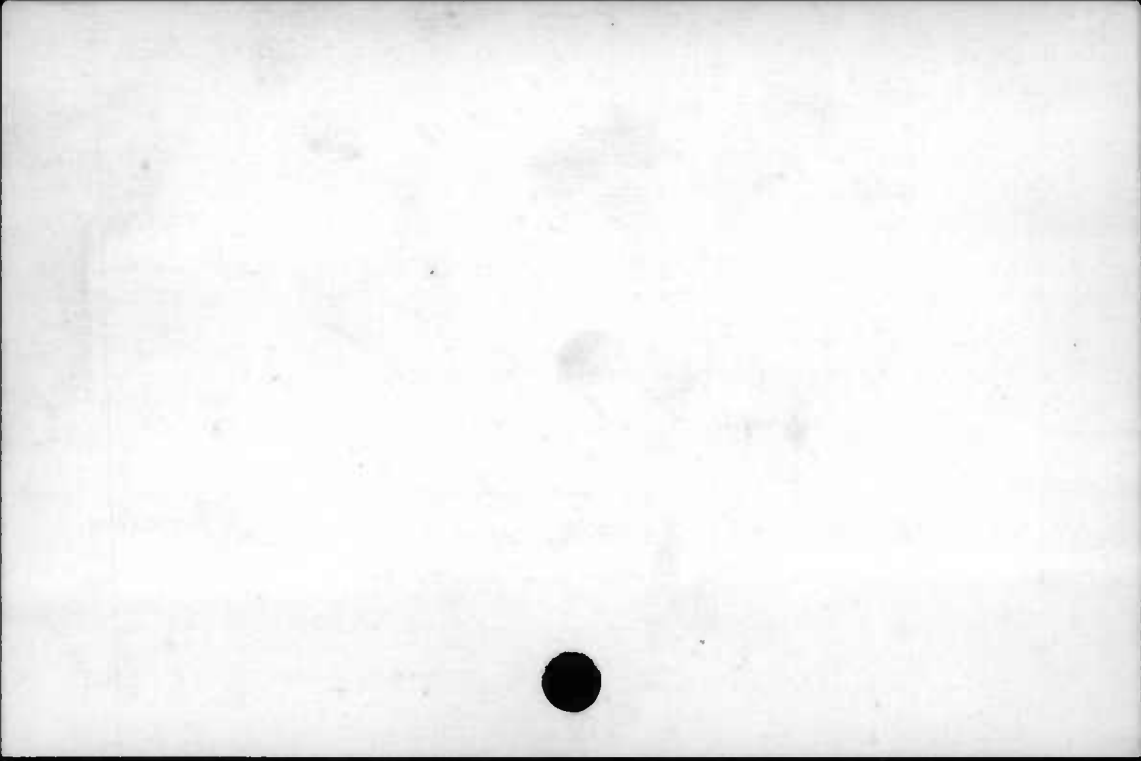
Address

E. E. Wolff

Cambridge, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emma E. Chester

CERTIFICATE OF DEATH

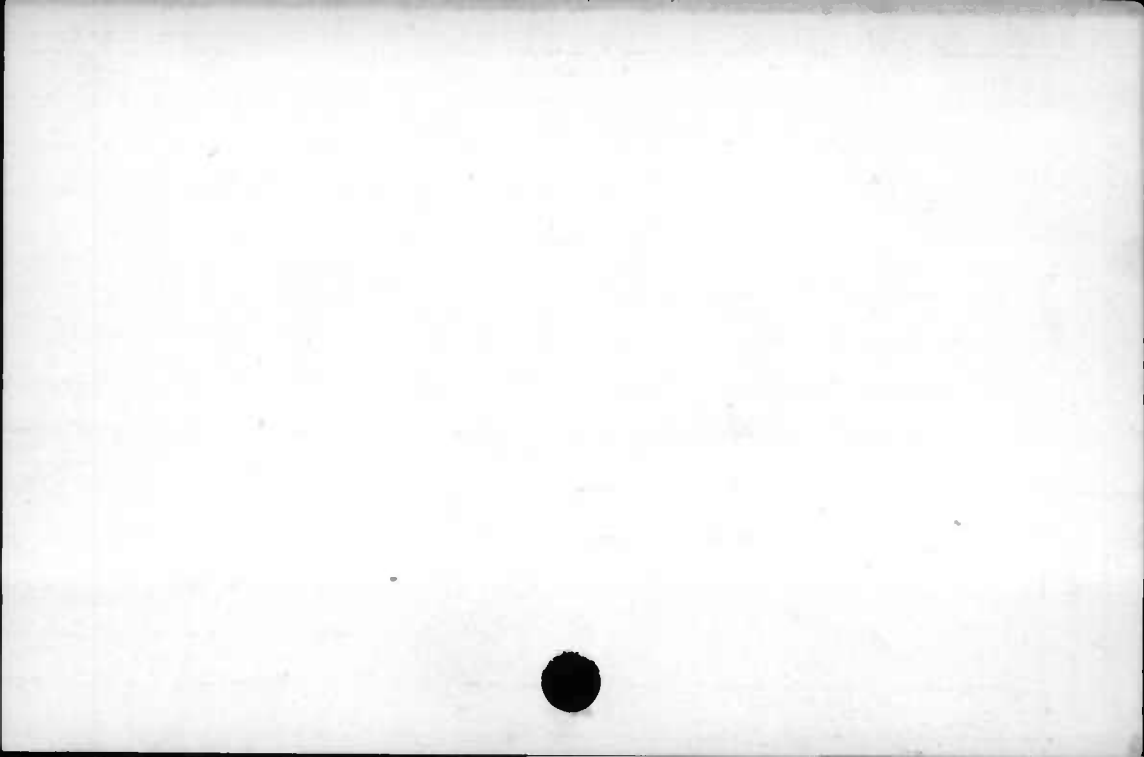
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Milton		County Worcester		MARYLAND	
Date of death		1906	Month June	Day 30 th	Age	Years	Months Days
Sex		Female		Color or Race		Col.	
Occupation		Housewife		Where Residing if not at place of death		Birth-place Dor. Co. Md.	
Married, Single or Widowed		Married		Name of Wife or Husband		James Chester	
Father's Name		John M. Harris				Father's Birthplace Dor. Co. Md.	
Mother's Maiden Name		Mary Elizabeth Emmatts				Mother's Birthplace Dor. Co. Md.	
Name of person giving information		James Chester				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever (1)		How long	3 weeks
Immediate	Child birth & intestinal perforation		How long	about 1 day
Are the name, age, sex, color, date and place correctly given above?		probably		
Signature of Physician		R. L. Smith, M.D.		
Address		Lehigh Creek, Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

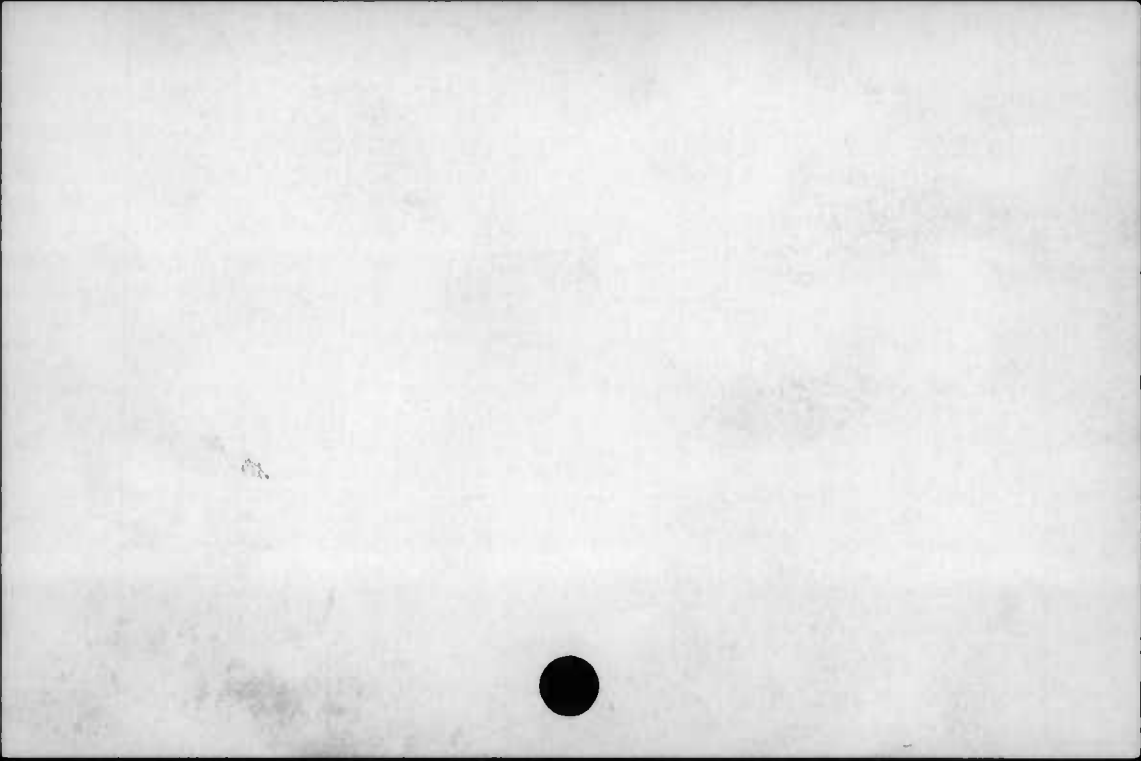
MARYLAND

Died at <i>Easton</i> Town		<i>Deale</i> County			
Date of death	1906	Month	June	Day	10
Age		Years		Months	11
Sex	girl	Color or Race	colored	Birthplace	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Jno. Larnaway			Father's Birthplace	do do
Mother's Maiden Name	Mary Ann King			Mother's Birthplace	do do
Name of person giving information	Christopher White			How related to deceased	neighbor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>don't know</i>
Immediate	<i>179</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>Wm L. Abdill</i>
Accident or Suicide?		Address	



Name
in
Full

Charlotte Elliott

CERTIFICATE OF DEATH

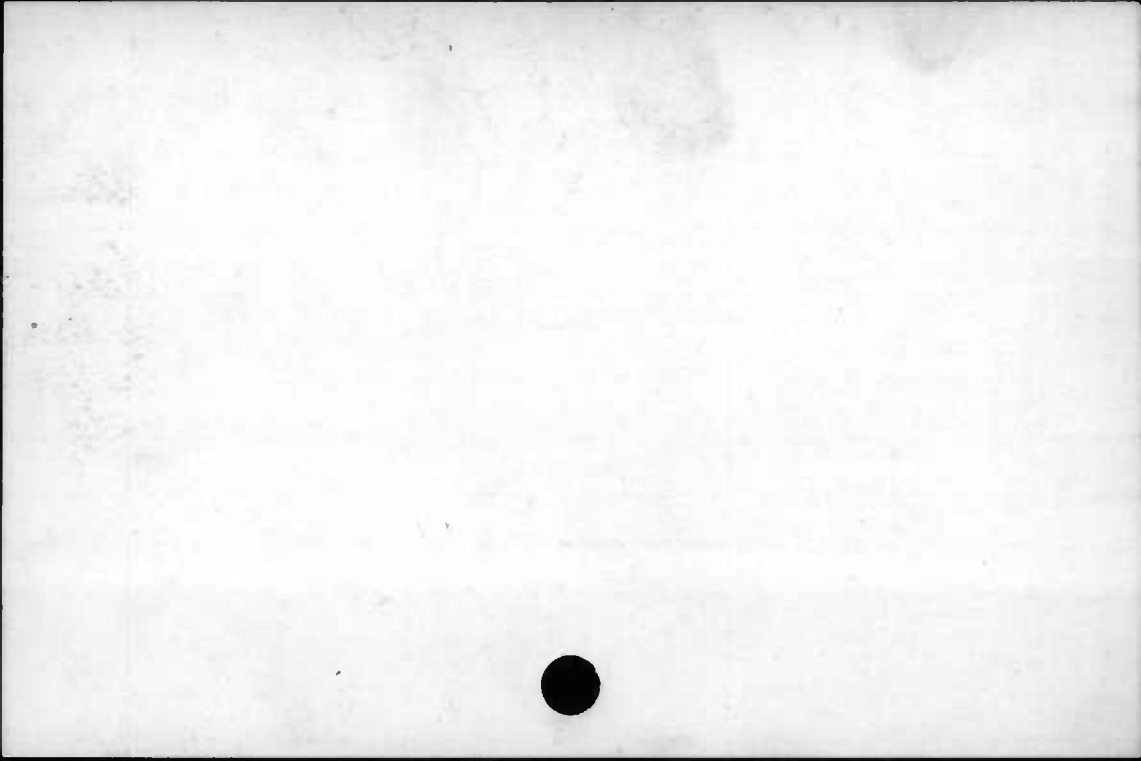
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakesville</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>29th</i>	Years <i>81</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Leol.</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Washer Woman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Robert Elliott</i>				
Father's Name <i>Don't know</i>	<i>Atlanta Ga</i>			Father's Birthplace <i>Dor. Co. Md</i>	
Mother's Maiden Name <i>Minta Mainskey</i>				Mother's Birthplace	
Name of person giving information <i>Dr. E. M. Locke</i>				How related to deceased <i>Son in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia</i> (64)	How long	<i>about 18 mos.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Cinthicum</i>		
	Address		
Accident or Suicide?			



Name
in
Full

Russell D. Hughlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>6</i> ^{Month}	<i>21</i> ^{Day}	<i>12</i> ^{Years}	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cambridge</i>	
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Thomas Hughlett</i>		Father's Birthplace <i>Eoslon Md.</i>			
Mother's Maiden Name <i>Hannie Ross</i>		Mother's Birthplace <i>Felton Md.</i>			
Name of person giving information <i>Dr. G. Steele</i>		How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowned</i>	How long <i>—</i>
Immediate <i>Asphyxia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Guy Steele</i>
	Address <i>Cambridge Md.</i>
Accident or Self ?	



Name
in
Full

Gussie Hanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

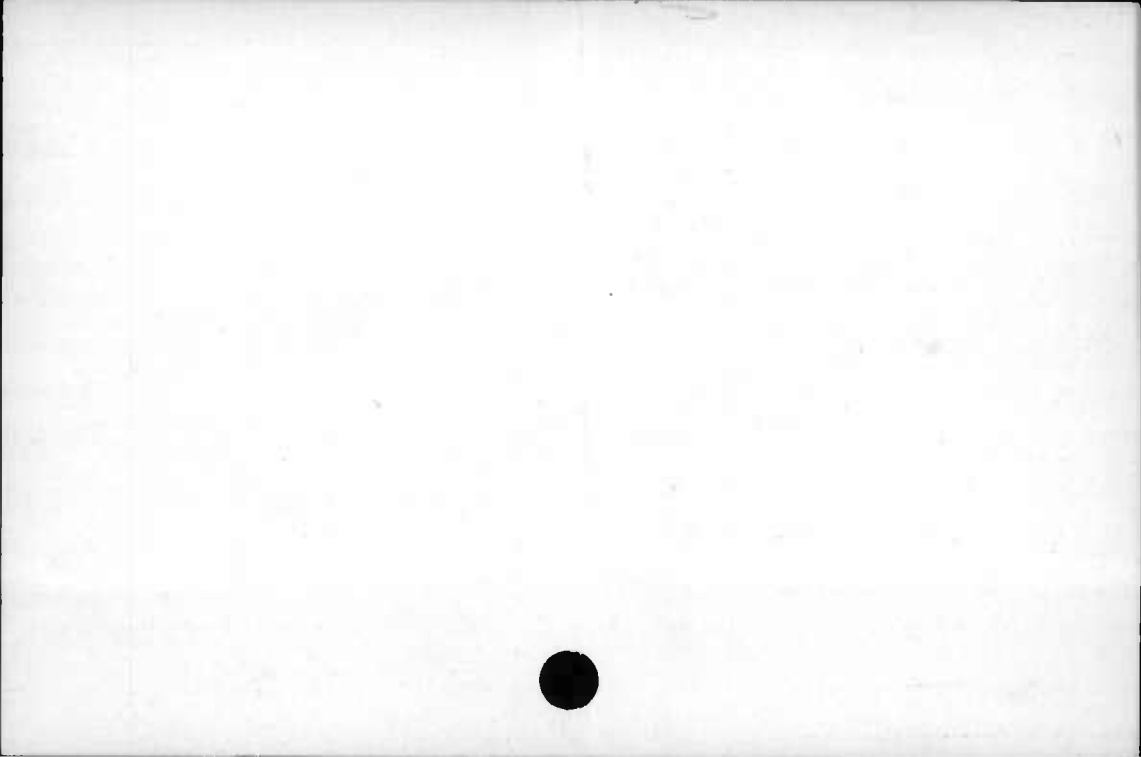
Died at		Town <i>Hanleys Neck</i>		County <i>Se</i>		MARYLAND	
Date of death	1906	Month 6	Day 5	Age 27	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth- place	<i>Co</i>
Occupation	<i>W</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>R L W Hanley</i>			
Father's Name	—					Father's Birthplace	<i>Co</i>
Mother's Maiden Name	—					Mother's Birthplace	<i>Co</i>
Name of person giving in formation						How related to deceased	

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis. Colon</i>	How long	<i>2 yrs</i>
Immediate	<i>Insanitation</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. B. Brothman</i>
		Address	<i>Verina</i>
Accident or Suicide?	—		<i>md</i>



Name
in
Full

William Lake

CERTIFICATE OF DEATH

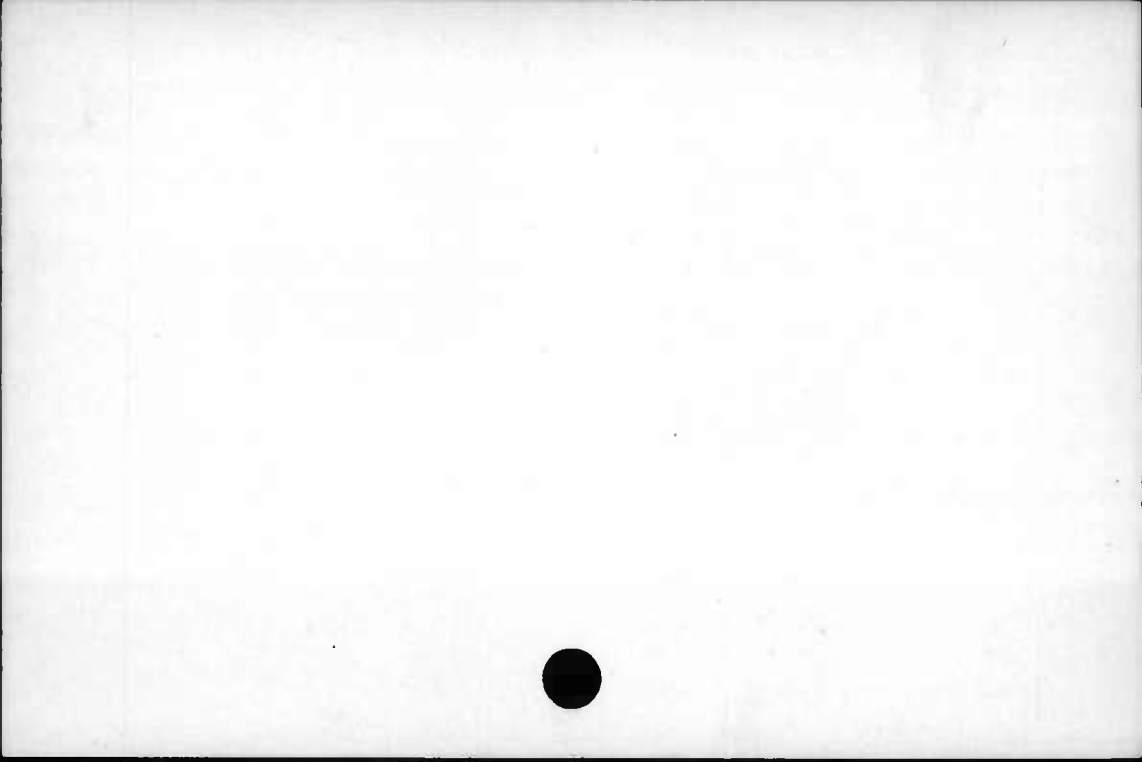
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hurlock</i>		Town <i>Hurlock</i>		County <i>Brookshire</i>		MARYLAND	
Date of death	1906	Month	June	Day	22	Years	Age 14
Sex	Male	Color or Race	Colored	Birth-place			
Occupation		<i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed		—		Name of Wife or Husband			
Father's Name		—		Father's Birthplace			
Mother's Maiden Name		<i>Lizzie Lake</i>		Mother's Birthplace <i>md</i>			
Name of person giving information		<i>Lizzie Lake</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>He mented</i>	How long	<i>(106)</i>
Immediate	<i>Ati Lye Gastro Enteritis</i>	How long	<i>2 week 24</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>D. H. McGuire</i>	
Address		<i>Hurlock</i>	
Accident or Suicide?			



Name
in
Full

Harold Jones Lewis (Lewis)?

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

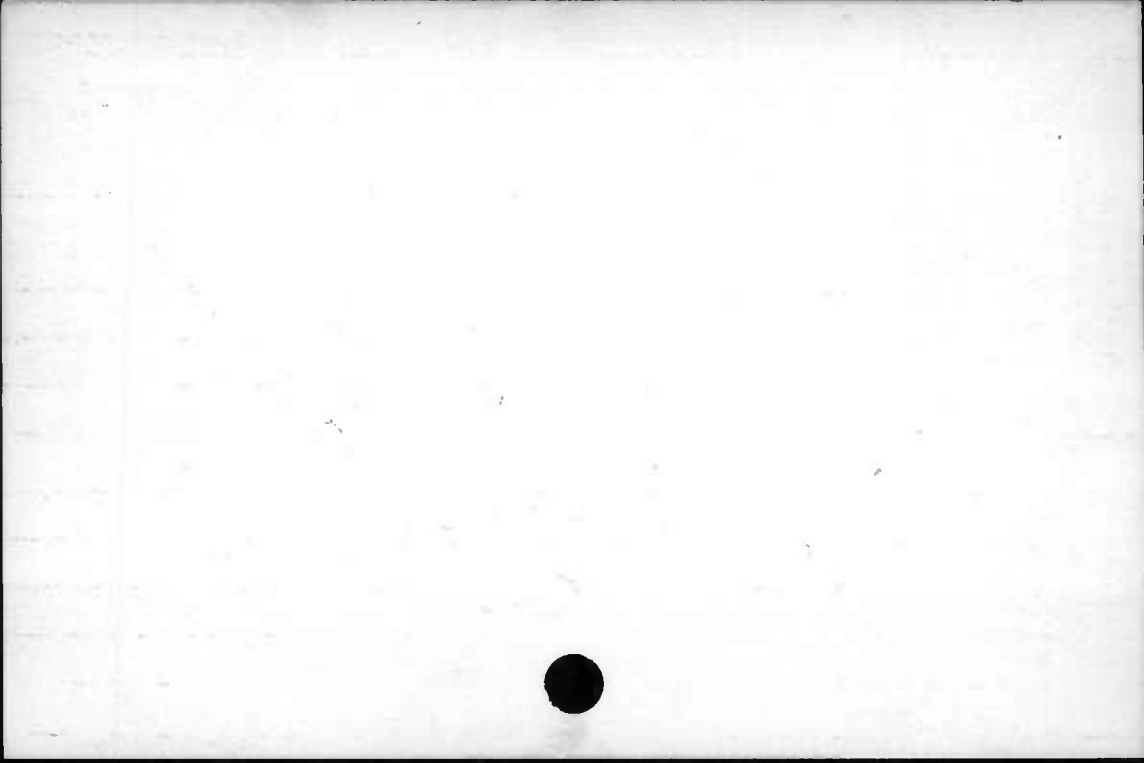
MARYLAND

Died at <i>Fishing Creek</i> ^{Town}		<i>Don</i> ^{County}			
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>22</i>	Age <i>10</i> Years	Months <i>1</i> Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birthplace <i>Fishing Creek</i>	
Occupation <i>_____</i>			Where Residing if not at place of death <i>Fishing Creek</i>		
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Wm R Lewis</i>			Father's Birthplace <i>Fishing Creek</i>		
Mother's Maiden Name <i>Effa Hooper</i>			Mother's Birthplace <i>Fishing Creek</i>		
Name of person giving information <i>Wm R Lewis</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>10 mins</i>
Immediate <i>_____</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Houten</i>
	Address <i>Fishing Creek</i> <i>Don Co</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Eliza Carrie Macer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Milton</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>24th</u>	Years <u>25</u>	Months <u>10</u>	Days <u>24</u>
Sex <u>Female</u>		Color or Race <u>Col.</u>		Birth-place <u>Dor, Co. Md.</u>	
Occupation <u>cook</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Levin Macer</u>			Father's Birthplace <u>Dor, Co. Md.</u>		
Mother's Maiden Name <u>Phoebe Stanley</u>			Mother's Birthplace <u>Dor, Co. Md.</u>		
Name of person giving information <u>Eugene Macer</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dor's know</u>	<u>(116)</u>	How long <u> </u>
Immediate <u>Peritonitis</u>		How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Probably</u>	Signature of Physician <u>R. L. Linticum</u>	Address <u>Church Creek, Ind</u>
Accident or Suicide? <u> </u>	<u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

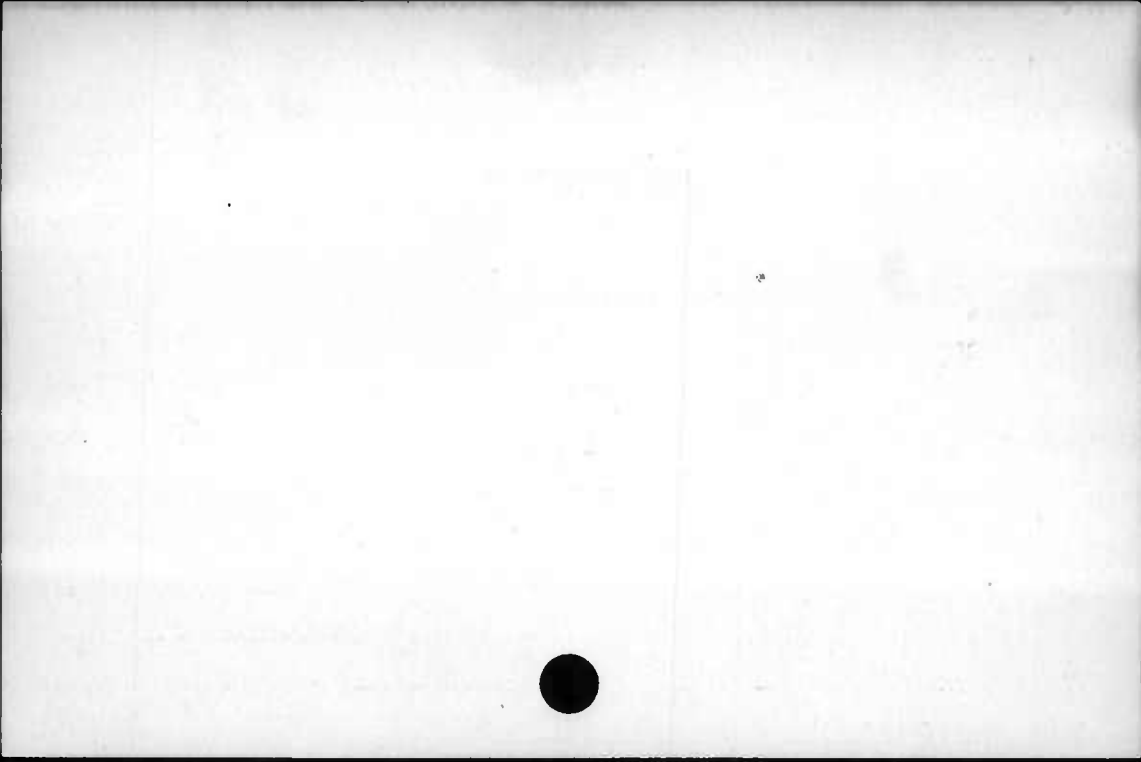
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Worthington</i> <i>MD</i>			County <i>For</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>6</i>	Day <i>4</i>	Age <i>4</i>	Years	Months <i>—</i>	Days <i>1</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>For Co</i>		
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name <i>Worthington Moore</i>				Father's Birthplace <i>For Co</i>		
Mother's Maiden Name <i>Carrie Blake</i>				Mother's Birthplace <i>For Co</i>		
Name of person giving information <i>H. Moore</i>				How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>infection</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Myers</i>
	Address
Accident or Suicide?	



Name
in
Full

Clarence Augustus Mowbray

CERTIFICATE OF DEATH

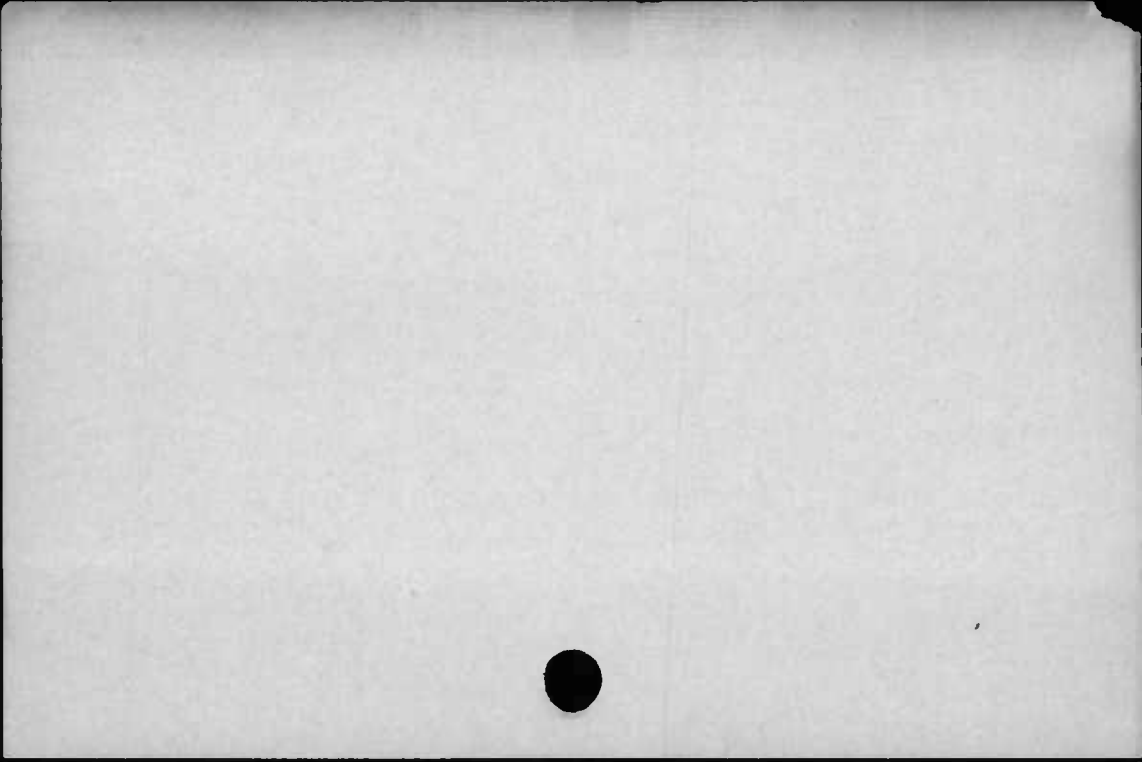
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Indsville</u> <small>Town</small>		<u>Winchester</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>June</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>30</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birthplace <u>Or. Co. Md.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Samuel R. Mowbray</u>				
Father's Name <u>James Stewart</u>			Father's Birthplace <u>Or. Co. Md.</u>		
Mother's Maiden Name <u>Victoria Robinson</u>			Mother's Birthplace <u>Or. Co. Md.</u>		
Name of person giving information <u>L. E. Mowbray</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>12 months</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name
in
Full

Nicholas Monbray

Monbray

CERTIFICATE OF DEATH

Died at

E. H. Market Depot

County

Dorchester

MARYLAND

Date

190

Month

4

Day

13th

Age

Years

Months

11

Days

Sex

male

Color or
Race

black

Birth-
place

Depot

Occupation

none

Where Residing if not
at place of death

11

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lange Monbray

Father's
Birthplace

dont know

Mother's
Maiden Name

Phena Monbray

Mother's
Birthplace

11

Name of person giving
In formation

Father

How related
to deceased

father

CAUSES OF DEATH

dont know

Primary

Unknown

How long

11

Immediate

11

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

no Dr

Accident or Suicide?

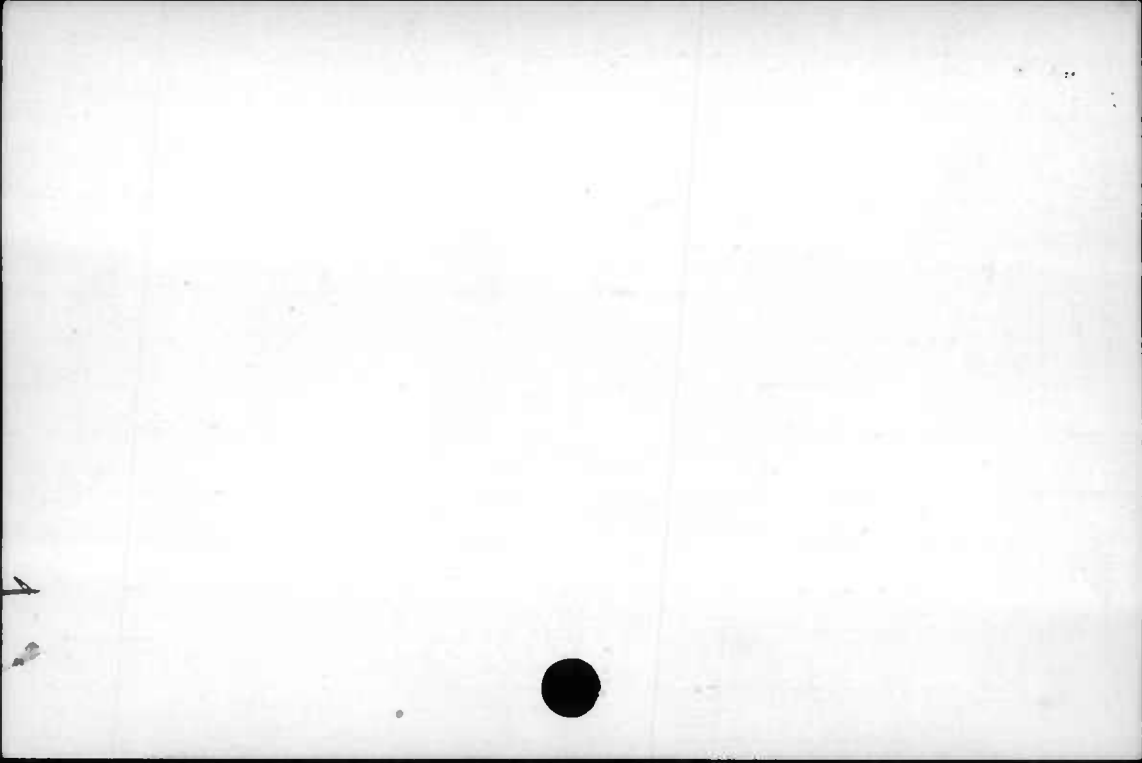
Wm J. Adell JP

LIBRARY BUREAU 450616

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

179



Name
in
Full

James Monbray Jr

CERTIFICATE OF DEATH

MARYLAND

Died at *E & Market depot* *Borchester*

Date of death *190* *4* *19* Age *11* - Months *11* - Days

Sex *Male* Color or Race *Colord* Birth-place *E & Market depot*

Occupation *Where Residing if not at place of death*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *James Monbray* Father's Birthplace *" "*

Mother's Maiden Name *Phena Monbray* Mother's Birthplace *" "*

Name of person giving information *James Monbray Sr* How related to deceased *Father*

CAUSES OF DEATH

deep cold
4 days

90

Primary

Immediate

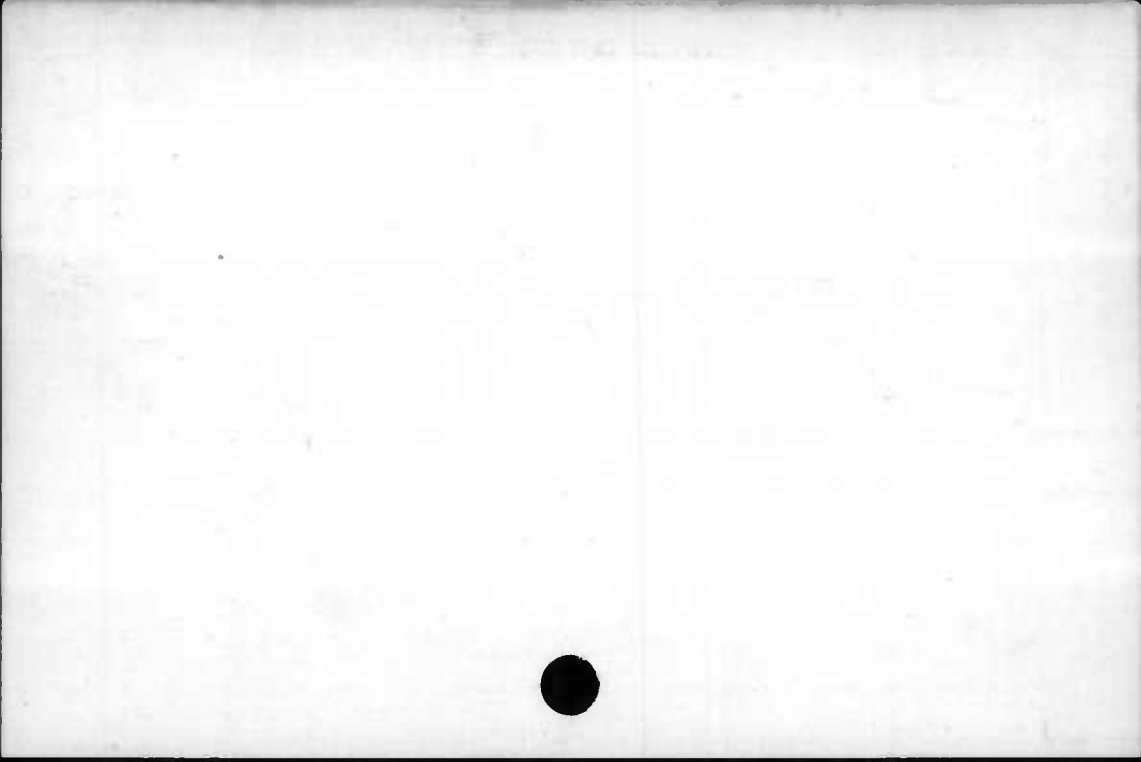
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *no Physician*
Address *John L. Adell Jr*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Eliza Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

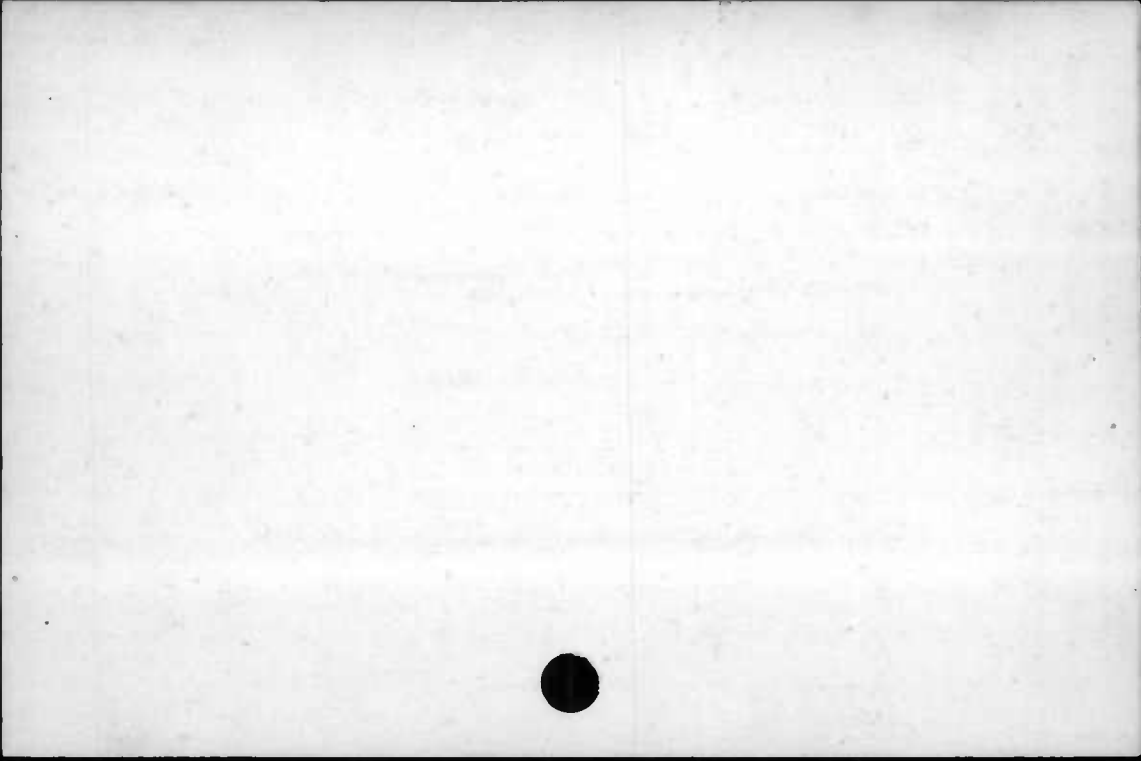
Died at <u>Goldan Hill</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small>	<u>June</u>	<u>28th</u> <small>Day</small>	Age <u>73</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dorchester</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Do not know</u>	Father's Birthplace <u>Dorchester</u>				
Mother's Maiden Name <u>Mrs. Moll Phillips</u>	Mother's Birthplace <u>Dorchester</u>				
Name of person giving information <u>Geo Mills</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

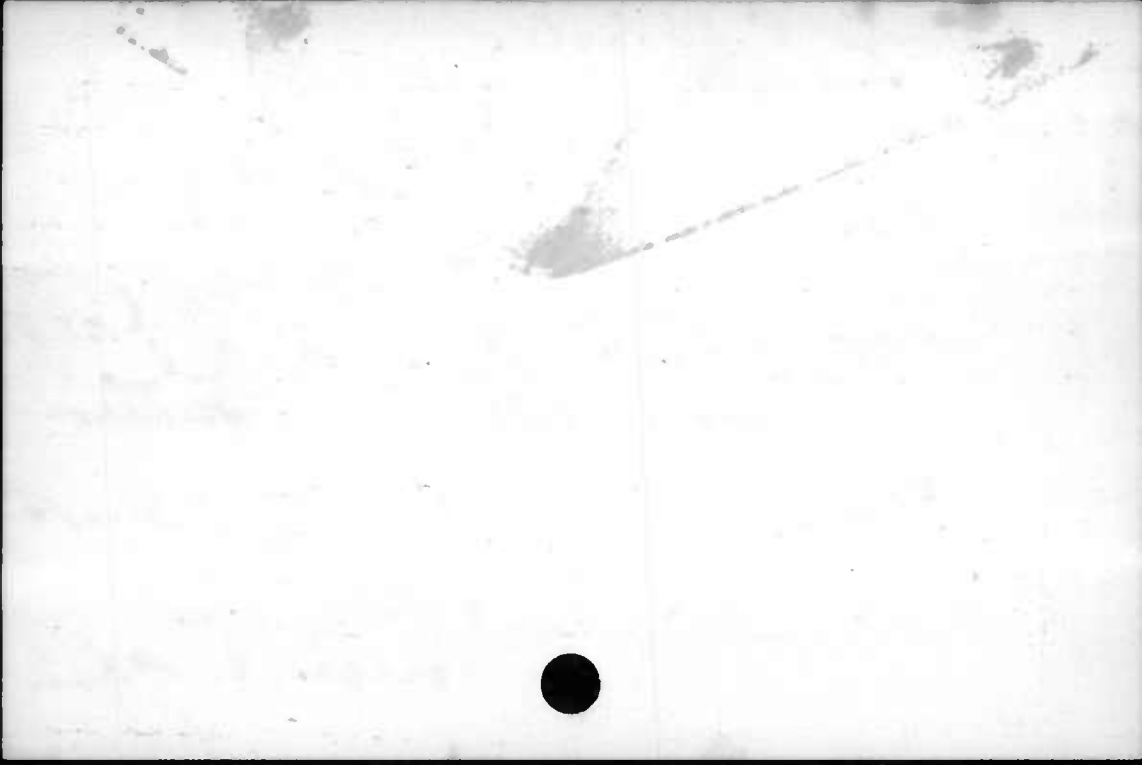
(64)

PHYSICIAN
OR CORONER

Primary	<u>Hemiplegia, Thrombosis of mid. Cerebral artery</u>	How long	<u>8 days</u>
Immediate	<u>exhaustion, collapse</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. A. Houston M.D.</u>
		Address	<u>Fishing Creek Md.</u>
Accident or Suicide?	<u> </u>		



Name in Full		George E Peirler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1906 June 1st		Age		26		
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation		Laborer		Where Residing if not at place of death		Hurlock
	Married, Single or Widowed		Name of Wife or Husband		Hattie Young		
	Father's Name		Thomas H Peirler		Father's Birthplace		
Mother's Maiden Name		Sarah E. McGlotten		Mother's Birthplace			
Name of person giving information		Thomas H Peirler		How related to deceased			Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Phthisis				How long	3 months
	Immediate	Pulmonalis				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Hurlock Md		
Accident or Suicide?							



Name
in
Full

Gorge Pinkel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

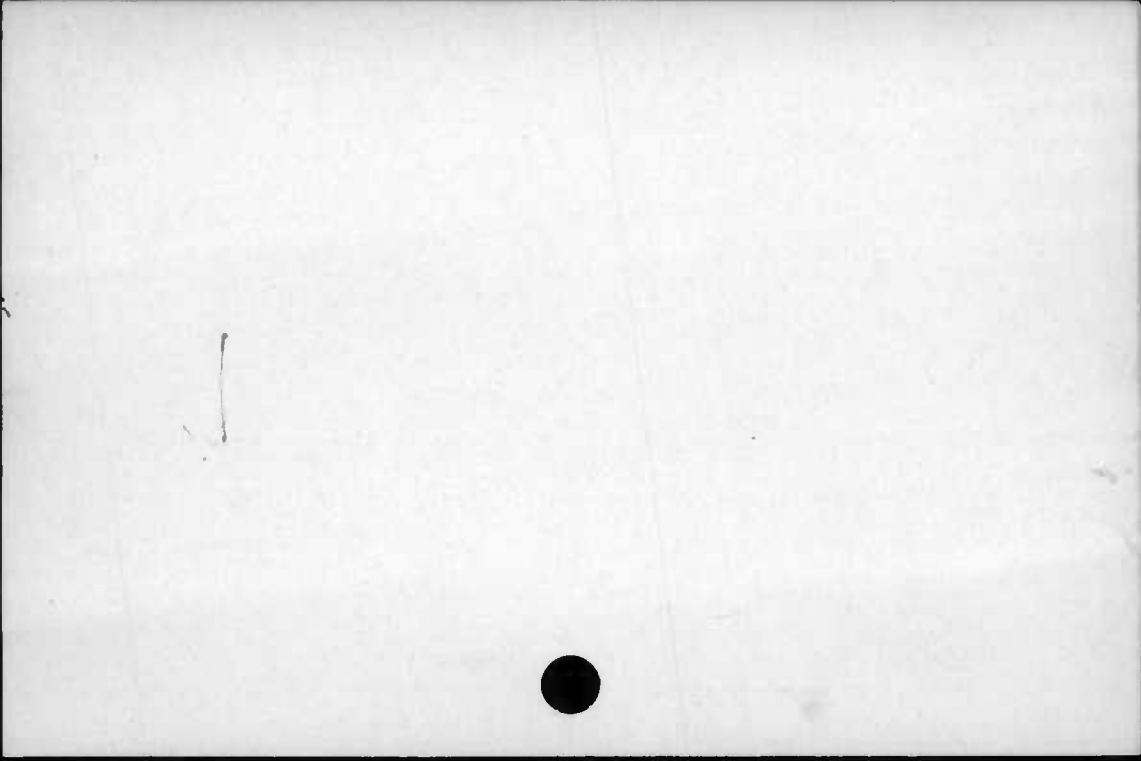
Died at <i>East New Md</i>		Town		County <i>Dorchester</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>6</i>	Day	<i>13</i>	Age	<i>1</i>
Sex	<i>male</i>		Color or Race	<i>colored</i>		Birth-place	<i>East N Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Charles H Pinkel</i>			Father's Birthplace <i>Bor Co</i>	
Mother's Maiden Name			<i>Mary Jones</i>			Mother's Birthplace <i>" "</i>	
Name of person giving information			<i>Lewis White</i>			How related to deceased	

CAUSES OF DEATH

don't know

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long
Immediate	<i>179</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician
		Address <i>Wm J. Abdehl 200</i>
Accident or Suicide?		



Name
in
Full

Mary E Richardson

CERTIFICATE OF DEATH

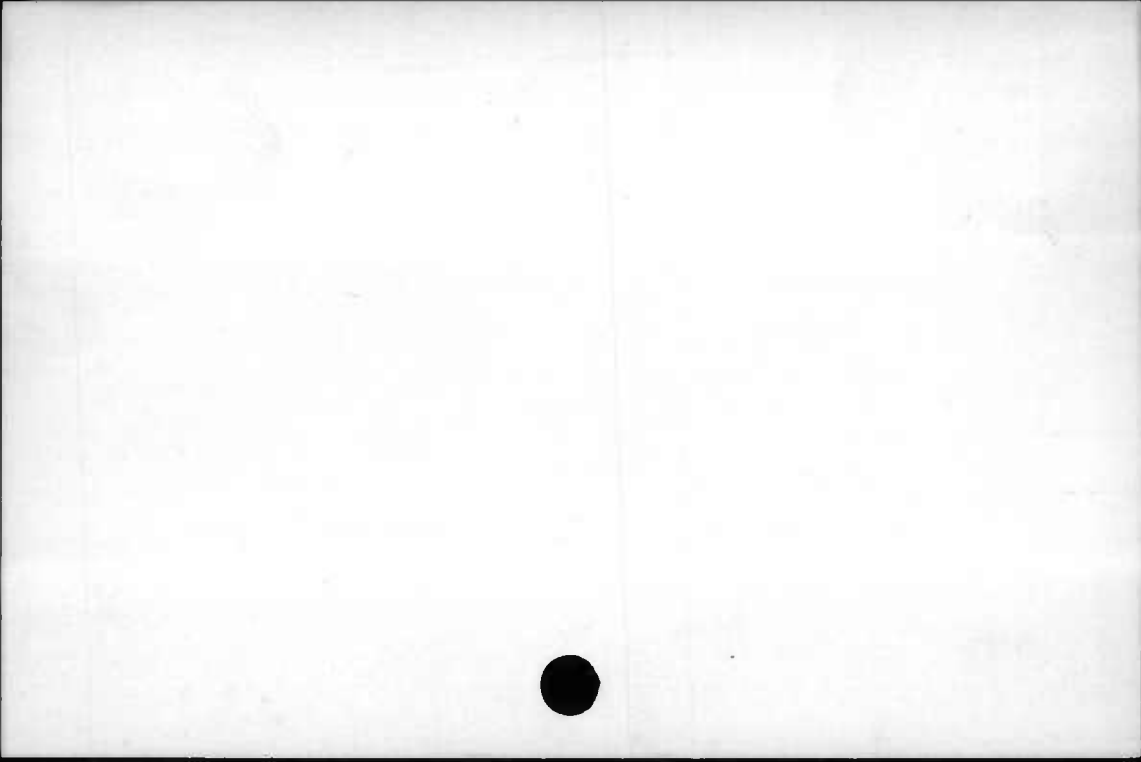
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} James		^{County} Worcester		MARYLAND	
Date of death	1906	Month	June	Day	25
		Years	67	Months	5
		Days	10		
Sex	Female		Color or Race	White	
Occupation	Housewife		Birth-place	Thos	
Where Residing if not at place of death			—		
Married, Single or Widowed	Married		Name of Wife or Husband	Wm L Richardson	
Father's Name	Edw Rumbly			Father's Birthplace	
Mother's Maiden Name	Eliz. Seward			Mother's Birthplace Hudson	
Name of person giving information			How related to deceased		

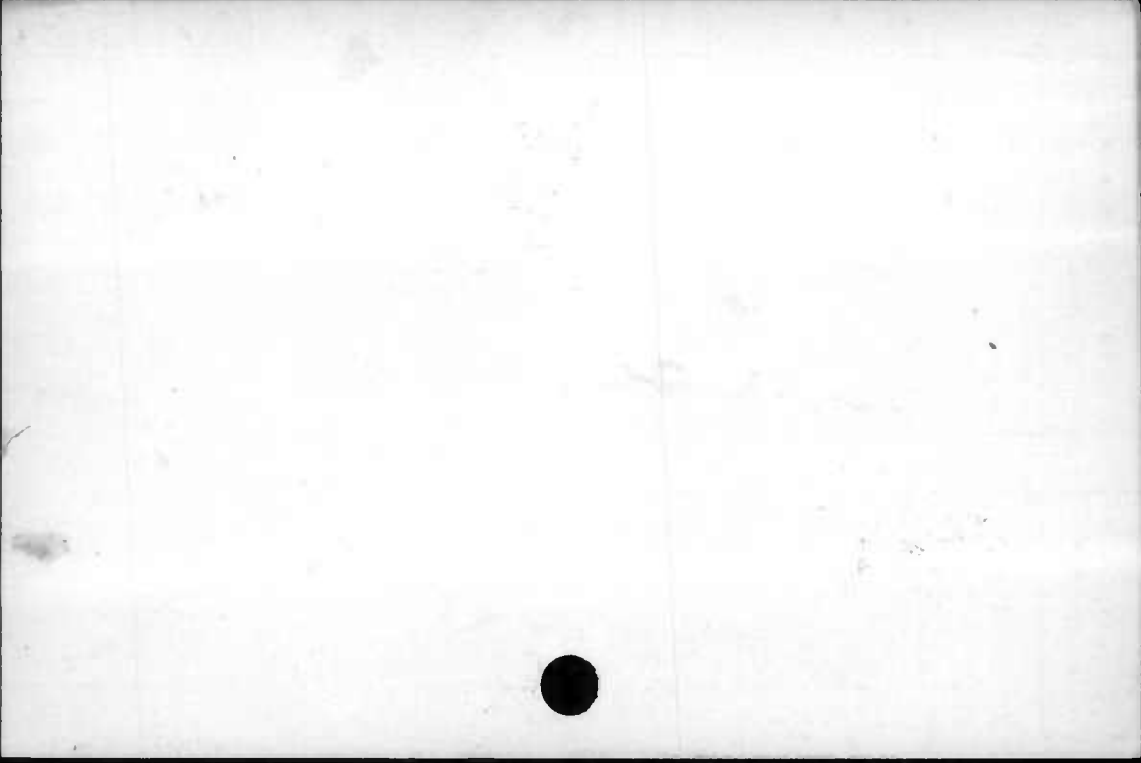
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho-pneumonia	How long	3 weeks
Immediate	Peritonitis - tubercular	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S A Stokes	
Address		Rt 6 # 5 —	
Accident or Suicide?		Cambridge	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Linkwood</i>		County <i>Dorchester</i>	
		Date of death <i>190</i>		Age <i>70</i>	
		Sex <i>Female</i>		Color or Race <i>Black</i>	
		Occupation		Where Residing if not at place of death	
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>do not know</i>	
		Father's Name <i>do not know</i>		Father's Birthplace <i>"</i>	
		Mother's Maiden Name <i>do not know</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>John Lee</i>		How related to deceased <i>not related - neighbor</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		How long	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. J. Abbott Jr.</i>	
				Address	
		Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cambridge</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND
	Date of death <i>1906</i>	Month <i>6</i>	Day <i>26</i>	Age <i>41</i> <small>Years</small>	Months Days
	Sex <i>Male</i>	Color or Race <i>wh.</i>		Birth-place <i>Fallop Co. Md.</i>	
	Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Ciney Md.</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Miller</i>			
	Father's Name <i>Mr. J. Swins</i>		Father's Birthplace <i>Fallop Co. Md.</i>		
	Mother's Maiden Name <i>Annie H. Fairbanks</i>		Mother's Birthplace <i>Fallop Co. Md.</i>		
	Name of person giving information <i>Annie Swins</i>		How related to deceased <i>Wife</i>		
<div style="text-align: center;">CAUSES OF DEATH 118</div>					
PHYSICIAN OR CORONER	Primary <i>Appendicitis, with abscess & gangrene</i>		How long <i>10 days</i>		
	Immediate <i>Proctitis, Rupture of abscess & perforation</i>		How long <i>20 hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. Still</i>		
			Address <i>Cambridge Md.</i>		
	Accident or Suicide?				



Name
in
Full

O. P. Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Anney</i>		Town <i>Anney</i>		County <i>Worcester</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>16</i>	Age <i>72</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Dr. C. Md.</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Mahala Jackson</i>			
Father's Name	<i>Henry Stanley</i>				Father's Birthplace	<i>Dr. C. Md.</i>	
Mother's Maiden Name	<i>Priscilla Stanley</i>				Mother's Birthplace	<i>Dr. C. Md.</i>	
Name of person giving information	<i>Stanley</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Cardiac and Stomach.</i>	How long	<i>6 Months</i>
Immediate	<i>Gradual Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Guy Stull</i>		
	Address <i>Cambridge Md.</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

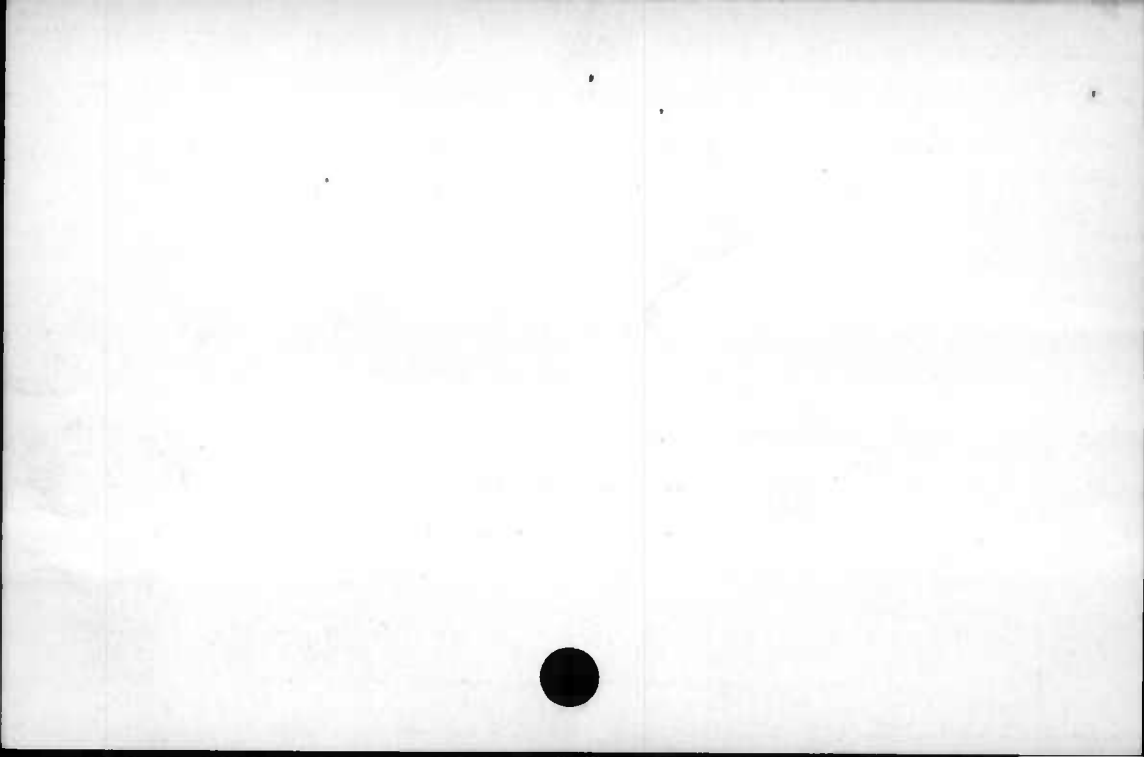
MARYLAND

Died at <i>Thurco</i>		Town <i>Thurco</i>		County <i>Port</i>	
Date of death 190 <i>6</i>	Month <i>6</i>	Day <i>27</i>	Age <i>1</i>	Months <i>2</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>white</i>			Birth-place <i>Port Co</i>	
Married, Single or Widowed <i>1</i>			Occupation <i>1</i>		
Name of Wife or Husband					
Father's Name <i>John Vaughn</i>			Father's Birthplace <i>Port B</i>		
Mother's Maiden Name <i>Jessie Moore</i>			Mother's Birthplace <i>Port Co</i>		
Name of person giving information <i>John Vaughn</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i> (93)	How long <i>1</i>
Immediate <i>Neuritis</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. R. Rogers, M.D.</i>
	Address <i>76 S. Central St. Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Jane Wilson</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Taylor's Island</i>		Month <i>June</i>		Day <i>11</i>		Age <i>46</i>	
Date of death <i>190</i>		Years <i>46</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>C</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jacob H. Wilson</i>					
Father's Name <i>—</i>		<i>Harold Ross</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Mary Jane Brannock</i>		<i>—</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John Wilson</i>		<i>—</i>		How related to deceased <i>friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Myelitis</i>	How long	<i>1 yr.</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. B. Oliver Jr.</i>	
		Address <i>Taylor's Island</i>	
		<i>Md.</i>	
Accident or Suicide? <i>—</i>			

